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OFFICIAL COMMUNICATION

5775 Morehouse Drive
San Diego, CA 92121
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Facsimile Transmittal

DATE: July 21, 2006

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Aghdam
Art Unit: 2631

FAX NUMBER: (571) 273-8300

FROM: George C. Pappas, Attorney for Applicant
Registration No. 35,065

Total Number of Pages Sent: 11 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 020683

ENCLOSED ARE:

- Amendment (9 pages)
- Transmittal (1 page)

APPLICANT: Amerga, et al.
ASSIGNEE: QUALCOMM Incorporated
SERIAL NO.: 10/650,547
FILED: 8/27/03

Please contact Darla at (858) 845-5042 if all pages do not transmit.

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PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020683
In Re Application of: Amerga, et al.
Serial Number: 10/650,547
Filed: 8/27/03
Examiner: Aghdam
Group Art Unit: 2631RECEIVED
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JUL 25 2006

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	21	21		x \$50 =	\$0
Independent**	4	4		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input checked="" type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$120
				\$450	\$
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$120

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/25/06

Signature: George C. Pappas, Reg. No. 35,065
858-651-1306QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: _____
(type or print name)

Date: 7/25/06

FACSIMILE

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Depositor's Name: Darla Kasmedo
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

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PATENT

JUL 25 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 10/650,547

For: REDUCING SEARCH TIME
USING KNOWN SCRAMBLING
CODE OFFSETS

Amerga et al.

Examiner: Aghdam, Freshteh N.

Filed: August 27, 2003

) Group No. 2631

RESPONSE TO OFFICE ACTION

Mail Stop AMENDMENT AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated April 5, 2006, please amend the above-identified application as indicated below. Applicant through his attorney respectfully requests that the three-month statutory period for response due July 5, 2006, please extended one (1) month to August 5, 2006. Please charge Deposit Account No. 17-0026 the amount of \$120.00 to pay the necessary fee due.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Darla Kasmedo
(type or print name)

Date: _____

Signature: _____

Attorney Docket No.: 020683
Customer No.: 23696

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